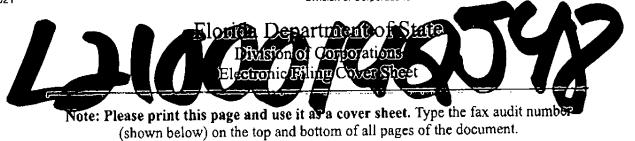
Division of Corporations



(((H21000147984 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Phone ; (727)443-5829 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDRIDGE COMMERCIAL TITLE, L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SANDRIDGE COMMERCIAL TITLE, L.L.C.	( and a seconds)		
(Name of the Limited Liability Compan (A Florida Limited L.	iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000142548</u>	were filed on 03/26/2021	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the	abbreviation "L.J.	C."
Enter new principal offices address, if applicable:	1409 Tech Boulevard, Suite 1		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		21 AM III 35	registered
	, Florida	<u> </u>	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (	Or, if this doci	ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Frank P. Ripa	1409 Tech Boulevard, Suite 1	
		Tampa, FL 33619	🖸 Remove
			■ Change
MGR	Joseph C. LaFace	1409 Tech Boulevard, Suite 1	
		Tampa, FL 33619	□Remove
			□Remove
			□ Change
		DbAD	
		□Remove	
			Change
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Note:	tive date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	5.0207 led as
he reco ord is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	or the
Dated	April 13 Clad Danum	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00